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FACSIMILE TRANSMISSION COVER SHEET

Date: August 2, 2005

To: United States Patent and Trademark Office
Examiner: Diaz, Jose R.; Art Unit: 2815

Fax: (571) 273-8300

Re: **Application Serial No.: 09/590,462**
Filing Date: 6/9/2000; First-Named Inventor: Racanelli
Attorney Docket No.: 02SPE133P

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 26

Message:

Enclosed please find the Amendment and Response to Non-Final Office Action dated May 3, 2005.

Thank you.

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Attorney Docket No.: 02SPE133P

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Racanelli, et al.

SERIAL NO.: 09/590,462 FILED: June 9, 2000

FOR: Double Implant High Performance Varactor and Method for Manufacturing Same

HONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.

☐ The fee has been calculated as shown below:

☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$
SECOND MONTH AFTER TIME PERIOD SET	450.00	225.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,020.00	510.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,590.00	795.00	\$

☐ TOTAL EXTENSION FEE \$ 0.00

☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	21	MINUS **44	* = 0	x 50	x 25	\$
INDEPENDENT	4	MINUS ***6	* = 0	x 200	x 100	\$
First presentation of multiple dependent claim				+ 360	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
 ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
 *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

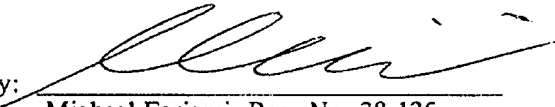
Attorney Docket No.: 02SPE133P

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☐ Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date:

8/2/05

By:

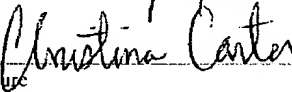

Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

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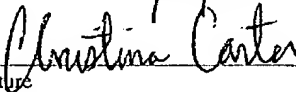

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Manufacturing Same**

AMENDMENT AND RESPONSE TO NON-FINAL OFFICE ACTION

Honorable Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the Non-Final Office Action dated May 3, 2005 in the above-referenced patent application. Please enter and consider the following amendments and remarks.